

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067183

Entity Name: MATIOK, INC.**Current Principal Place of Business:**600 GRAPETREE DRIVE
APT 10DN
KEY BISCAYNE, FL 33149**Current Mailing Address:**7801 NW 37TH ST
SECTION 1231 / GUA
DORAL, FL 33166**FEI Number:** 65-0732626**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN, ROBERT MPA
2730 SW 3RD AVE
SUITE 800
MIAMI, FL 33129 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title D
Name CASTILLO DE MATA, MARIA LUISA
Address DIAGONAL 6, 10-01 ZONA 10
1002A
City-State-Zip: GUATEMALA GUATEMALA 01010

Title DR
Name MATA C, GUILLERMO
Address DIAGONAL 6, 10-01 ZONA 10
1002A
City-State-Zip: GUATEMALA GUATEMALA 01010

Title DR
Name MATA C, ESTUARDO
Address DIAGONAL 6, 10-01 ZONA 10
1002A
City-State-Zip: GUATEMALA GUATEMALA 01010

Title MRS
Name MATA DE ARIAS, LUISA MARIA
Address DIAGONAL 6, 10-01 ZONA 10
1002A
City-State-Zip: GUATEMALA GUATEMALA 01010

Title MR
Name MATA C, CARLOS ENRIQUE
Address DIAGONAL 6, 10-01 ZONA 10
1002A
City-State-Zip: GUATEMALA GUATEMALA 01010

Title MRS
Name MATA, ANA ISABEL
Address DIAGONAL 6, 10-01 ZONA 10
1002A
City-State-Zip: GUATEMALA GUATEMALA 01010

Title MRS
Name MATA, GRACIELA M
Address DIAGONAL 6, 10-01 ZONA 10
1002A
City-State-Zip: GUATEMALA GUATEMALA 01010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ESTUARDO MATA C

DR

04/03/2019

Electronic Signature of Signing Officer/Director Detail_____
Date